



Administrative Simplification Committee
March 14, 2014
Meeting Minutes

The meeting for the Bayou Health Administrative Simplification Committee was called to order by Mary Johnson

Committee members introduced themselves to others in attendance. In attendance were: Mary Johnson, Destiny Rohmfeld, Berkley Durbin, Greg Ivey, Peggy Bouzari, Kevin Bridwell, Marie LeBlanc, Kevin Campbell, Melissa Bezet, Alesia Wilkins-Braxton, Dr Stewart Gordon, and Greg Waddell. On the phone: Dr. Floyd Buras, Anita Gregoire, Beverly Thomas and Shan McDaniel.

March 2014 Meeting Follow Up Items

Mary TC Johnson reviewed the action items from the previous meeting in March. Those action items are listed below:

- **TPL** – During the meeting, Shan McDaniel discussed new TPL issues – the amount difference because of patient responsibility due to take backs. Shan also discussed the issue with pay and chase with primary EOB for LHC. Peggy Bouzari with LHC confirms that there was a glitch that has been rectified. Shan would like to see TPL recovery done similarly between the Health Plans. Mary suggested that the committee (providers and health plans) develop a proposal between now and the go live date for consideration by the department for implementation under the new Bayou Health contracts. Dr. Buras reconfirmed his issue with TPL records not showing in MEVS.
- **Retro Enrollment/Disenrollment Linkage** – Mary Johnson stated that this must be resolved by December 31st.
- **Bayou Health/Magellan Claims Disputes – IB 12-18** – Mary stated that the Magellan rates are actuarially sound. IB 12-18 is correct and should be adhered to. Berkley Durbin noticed that she has a concern that provider may not be performing behavioral health because they may not get paid.

Departmental Updates

- The current RFP contract ends on 1/31/2015. Readiness Review overall with providers should be developed within a workgroup on Provider and Health Plan Policy.

Other Issues – Committee Discussion

- LHC is now the owners of CHS and operating it as a shared plan. The current focus is on members and then providers. Berkley mentioned that the letter to CHS members and providers was alarming even though it said nothing has changed. Mary stated that the letter was previously approved by DHH. DHH will be looking to see if providers are pulling out of the network with CHS due to the buyout. Berkley asked if the current shared distribution obligation will remain. Mary said the reason why that the distribution obligation has not been releases is because DHH is still finalizing the rate setting with Mercer. So at this time, DHH can't give an official timeline of payment but contractual obligations still mandate a payment to providers, if earned.
- In the re-procurement IB 12-18 will not be based on diagnosis code instead it will be on provider type. Most behavioral health services are provided in a physician's office. This will help to formalize the coordination between the two entities.
- The new RFP has to be released before September 12, 2015.
- Take Charge program is being replaced with broader eligibility initiative. Kevin Bridwell noted that the OIG report implied that Ruth wants to open up eligibility to everyone.
- Dr. Buras volunteer for ICD-10 testing for each Health Plan including Molina. He would like the Health Plans to restructure their auditing practices making process similar across the plans. He would like a provider representative to come onsite.
- Homes and Community Care Services now opt – in July 1.
- Chisholm will likely be opt – in with the re-procurement.

Committee Structure and Focus going forward

- Two weeks before the next meeting we need to focus on the committee and the direction members want to go.

From the discussion, action items for follow up for the next meeting were identified:

1. Are the ACA payments going away? (Yes, unless there is a change at the Federal Level)

Meeting adjourned.